

# NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

## GRAHAM County, Arizona - Revised September 2007

National Emission Standards for Hazardous Air Pollutants (NESHAP)

THIS LINE FOR NESHAP REGULATORY AGENCY USE	U.S. Postal Service Postmark Date:	Commercial Delivery Service Delivery Date:	Other Hand Delivery Date:	ACTS#:		
1. TYPE OF NOTIFICATION: (    ) Original; (    ) Revision 1; (    ) Revision 2; (    ) Revision 3; (    ) Revision 4; (    ) Revision 5; (    ) Cancel						
<b>2a. FACILITY OWNER INFORMATION</b>						
Name of Company or Individual:						
Address:						
City/Community:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
<b>2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:</b>						
Address:						
City:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
<b>2c. DEMOLITION CONTRACTOR/OPERATOR:</b>						
Address:						
City:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
3. TYPE OF OPERATION: (    ) Renovation, (    ) Emergency Renovation, (    ) Demolition, (    ) Ordered Demolition, (    ) Annual Non-scheduled Operations						
4. <b>PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR</b>			DATE:			
<b>5. FACILITY DESCRIPTION</b> (Attach site location map for multiple structures at one street address or installation)						
Building Name:		Visible Signage:				
Street Address:		Identifying Features:				
City:	County: GRAHAM	State: AZ	Zip:			
City/County Renovation Permit#:		City/County Demolition Permit#:				
Building Size in Floor Area (Sq. Ft.)		Number of Floors Affected:	Age of Facility:			
If Residential, Number of Dwelling Units:		Present Use:	Prior Use:			
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. (    ) Polarized Light Microscopy-PLM ; (    ) Point Counting; (    ) Assumed; (    ) Other _____ NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed _____						
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141		Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM to be removed		Amount of Nonfriable ACM not to be removed during demo	
			CAT I	CAT II	CAT I	CAT II
On Facility Components; Pipes (Linear Feet)						
On Facility Components; Surface Area (Square Feet)						
Off Facility Components; Volume (Cubic Feet)						
8. DATES FOR ASBESTOS REMOVAL    Start Date: _____ Completion Date*: _____ Days of Operations: M T W TH F SA SU						
9. DATES FOR DEMOLITION    Start Date: _____ Completion Date*: _____ Hours of Operations: _____						
Mail/Deliver to:	Copy of Notification to:	Copy of Notification to Renovation/Demolition Permitting Agency where Affected Facility is Located:				
Arizona DEQ/AQD Attn: Asbestos Coordinator 1110 W. Washington Phoenix, AZ 85007 602-771-2333	ADOSH Attn: Supervisor of Industrial Hygiene 800 W. Washington Phoenix, AZ 85007 602-542-5795	Town of Pima Director of Public Works PO Box 426 Pima, AZ 85543 928-485-2611	City of Safford Building Department Attn: Building Official PO Box 272 Safford, AZ 85548 928-428-2762	Town of Thatcher Planning & Zoning Attn: Building Official PO Box 670 Thatcher, AZ 85552 928-428-2290 ex 234		

<b>10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:</b> <input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Ceiling Texture/Tiles <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding <input type="checkbox"/> Asbestos-Containing Roof Removal ≥5580 sq ft w/rotating blade cut Other, please specify: _____ <b>REMOVAL METHODS:</b> <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
<b>11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:</b> <input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe _____			
<b>12a. ASBESTOS WASTE TRANSPORTER #1:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>12b. ASBESTOS WASTE TRANSPORTER #2:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>13. ASBESTOS WASTE DISPOSAL SITE:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER</b>			
Name: _____		Title: _____	
State or Local Government Agency: _____		Authority: _____	
Date of Order (MM/DD/YY): _____		Date Demolition Ordered to Begin (MM/DD/YY): _____	
<b>15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))</b>			
Date and Hour of Emergency (MM/DD/YY - HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____			
<b>16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I or CATEGORY II NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:</b>			
<input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> AHERA Certified Contractor/Supervisor on-site			
<b>17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE <b>ON-SITE</b>.</b>			
_____ (Print Name: Owner/Operator)		_____ (Title)	
_____ (Signature of Owner/Operator)		_____ (Date)	
<b>18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):</b>			
_____ (Print Name of Inspector)		_____ (Training Provider)	
_____ (AHERA Certificate Number)		_____ (Expiration Date)	
<b>19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b> Company Name: _____ Rev. Date _____			
_____ (Print Name: Owner/Operator)		_____ (Title)	
_____ (Signature of Owner/Operator)		_____ (Date)	